

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Trivedi for Congress

A.	<p>Full Name (Last, First, Middle Initial) Target - Eagleview Ave</p> <p>Mailing Address 180 Eagleview Ave</p> <p>City Exton State PA Zip Code 19341</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D67863</p> <p>Date of Disbursement <div> <div>11</div> <div>13</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>78.09</div> </p>
B.	<p>Full Name (Last, First, Middle Initial) Target - Eagleview Ave</p> <p>Mailing Address 180 Eagleview Ave</p> <p>City Exton State PA Zip Code 19341</p> <p>Purpose of Disbursement Flip Camera</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D59964</p> <p>Date of Disbursement <div> <div>12</div> <div>21</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>137.79</div> </p>
C.	<p>Full Name (Last, First, Middle Initial) Top Guns Corporate Photography</p> <p>Mailing Address 341 Ellis Road</p> <p>City Havertown State PA Zip Code 19083</p> <p>Purpose of Disbursement Campaign Photos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D68134</p> <p>Date of Disbursement <div> <div>11</div> <div>17</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>265.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

480.88

TOTAL This Period (last page this line number only)